

JAN-27-2006 13:08 FROM: BSTZ

7145573347

TO: USPTO JAN 27 2006 P.1/9

# BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (714) 557-3800

INTELLECTUAL PROPERTY LAW  
12400 WILSHIRE BOULEVARD, 7TH FLOOR  
LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

## FACSIMILE COVER SHEET

Deliver to: Andre R. Fowlkes, USPTO Art Group: 2192  
Facsimile No.: (571) 273-8300 Date: January 27, 2006  
From: William W. Schaal, Reg. No. 39,018  
Our Docket No.: 42390P10792 Number of pages 11, including this sheet.  
Application No.: 09/965,757 Filing Date: 9/28/2001  
Docket Due Date(s): 1/27/2006

Enclosed are the following documents:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Amendment: <u>Response</u> ( <u>  </u> pgs)    | <input type="checkbox"/> Issue Fee Transmittal                                    |
| <input type="checkbox"/> Appeal Brief ( <u>  </u> pgs)                             | <input type="checkbox"/> Notice of Appeal   |
| <input type="checkbox"/> Application: _____<br><u>(  </u> pgs) w/cover & abstract) | <input type="checkbox"/> Petition for: _____                                      |
| <input type="checkbox"/> Assignment & Cover Sheet ( <u>  </u> pgs)                 | <input type="checkbox"/> Request for Continued Examination (RCE)                  |
| <input checked="" type="checkbox"/> Certificate of Mailing _____                   | <input type="checkbox"/> Reply Brief ( <u>  </u> pgs)                             |
| <input type="checkbox"/> Continued Prosecution Application (CPA)                   | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)     |
| <input type="checkbox"/> Declaration & POA ( <u>  </u> pgs)                        | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request       |
| <input type="checkbox"/> Drawings: <u>  </u> sheets, <u>  </u> figures             | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Extension of Time: _____                                  | <input type="checkbox"/> Response to Written Opinion ( <u>  </u> pgs)             |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate)                 | <input type="checkbox"/> Terminal Disclaimer                                      |
| <input type="checkbox"/> IDS & PTO/SB/08 ( <u>  </u> pgs)                          | <input type="checkbox"/> Transmittal of Publication Fee Due                       |
| <input type="checkbox"/> Other _____   | <input checked="" type="checkbox"/> Transmittal Letter                            |

### CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

  
Susan McFarlane  
Date

1/27/2006

Date

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If you do not receive all the pages, or if there is any difficulty in receiving, please call: (714) 557-3800 and ask for Susan McFarlane.

JAN 27 2006

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>																																																																	
		Application Number	09/965,757																																																																
		Filing Date	September 28, 2001																																																																
		First Named Inventor	Youfeng Wu																																																																
		Examiner Name	Andre R. Fowlkes																																																																
		Art Unit	2192																																																																
		Attorney Docket No.	42390P10792																																																																
<b>METHOD OF PAYMENT (check all that apply)</b>																																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																																			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>																																																																			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																																			
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.																																																																			
<b>FEE CALCULATION</b>																																																																			
<p><b>1. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>17</td> <td>20*</td> <td>0 X 50.00 =</td> <td>\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>3* = 0 X 200.00 =</td> <td>\$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202 50</td> <td>2202 25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 360</td> <td>2203 180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204 780</td> <td>2204 385</td> <td>**Resolving independent claims over original patent</td> </tr> <tr> <td>1205 300</td> <td>2205 150</td> <td>**Reseue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (1) (\$)</td> <td>0.00</td> <td></td> </tr> </tbody> </table> <p>*or number previously paid, if greater. For Reissues, see below</p>				Total Claims	Extra Claims	Fee from below	Fee Paid	17	20*	0 X 50.00 =	\$0.00	Independent Claims	3	3* = 0 X 200.00 =	\$0.00	Multiple Dependent				Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	1202 50	2202 25	Claims in excess of 20	1201 200	2201 100	Independent claims in excess of 3	1203 360	2203 180	Multiple Dependent claim, if not paid	1204 780	2204 385	**Resolving independent claims over original patent	1205 300	2205 150	**Reseue claims in excess of 20 and over original patent	SUBTOTAL (1) (\$)		0.00																									
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SUBTOTAL (2)		(\$)																																																																	
<b>SUBMITTED BY</b> <i>William W. School</i> <b>Complete (if applicable)</b> <table border="1"> <tr> <td>Name (Print/Type)</td> <td>William W. School</td> <td>Registration No. (Attorney/Agent)</td> <td>39,018</td> <td>Telephone</td> <td>(714) 557-3800</td> </tr> <tr> <td>Signature</td> <td colspan="4"></td> <td>Date</td> <td>01/27/06</td> </tr> </table>				Name (Print/Type)	William W. School	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800	Signature					Date	01/27/06																																																			
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Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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JAN 27 2006

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)       Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## **FEE CALCULATION**

## **1. EXTRA CLAIM FEES**

Total Claims:		Extra Claims	Fee claim below	Fee Paid
Independent Claims	17	20 <sup>-</sup> = 0 X	50.00	\$0.00
Multiple Dependent	3	3 <sup>-</sup> = 0 X	200.00	\$0.00

<u>Large Entity</u>	<u>Small Entity</u>		
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee Description</u>
<u>Code</u>	<u>(\\$)</u>	<u>Code</u>	<u>(\\$)</u>
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	780	2204	395
1205	300	2205	150
<b>SUBTOTAL (1)</b>		<b>(\\$)</b>	<b>0.00</b>

"or number previously paid, if greater. For REISSUERS, see **Section 6**.

## **2. ADDITIONAL FEES**

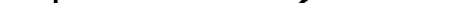
Large Entity		Small Entity		
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1254	1,590	2254	795	Extension for reply within fourth month
1255	2,180	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,610	2451	1,610	Petition to institute a public use proceeding
1460	130	2480	130	Petitions to the Commissioner
1807	50	1807	50	Proceeding fee under 37 CFR 1.17(a)
1808	160	1808	160	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.121)
1810	790	2810	395	For each additional invention to be examined (37 CFR

**Other fee (specify)**

**SUBTOTAL (2)**

**Fee Paid**

**SUBMITTED BY**

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	01/27/06

Based on PTO/SB/17 (12-04) as modified by Blankley, Schobel & Taylor & Zaitman (wtr) 12/15/2004  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450